Attendant/Child Care Provider Log

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

<u>Note to Consumer:</u> Please have your attendant/child care provider fill out this form daily. At the end of the month of service, have the provider sign, date, and return the completed log to you. Complete the enclosed Expense Reimbursement Log (ERL), sign, date and attach a copy of the log to the ERL. Mail the ERL to your counselor in the enclosed postage-paid envelope.

Month & Year								
Total Number of Days				Total Hours				
Please write in the total hours each day for which attendant/child care was provided.								
Monday	Tuesday	Wednesday	Thursday		Friday	Saturday	Sunday	Total Hours
,								
Attendant/Child Care Provider Signature					Date Signed			
Address					Phone Number			
	e write in Monday	e write in the total homoday Tuesday Total Monthly Hours	e write in the total hours each dominated by the second of	e write in the total hours each day for Monday Tuesday Wednesday Thur	e write in the total hours each day for which Monday Tuesday Wednesday Thursday Total Monthly Hours X \$	e write in the total hours each day for which attendar Monday Tuesday Wednesday Thursday Friday Total Monthly Hours X \$ (rate per ld Care Provider Signature Date Signe	e write in the total hours each day for which attendant/child care Monday Tuesday Wednesday Thursday Friday Saturday Total Monthly Hours X \$	e write in the total hours each day for which attendant/child care was prov Monday Tuesday Wednesday Thursday Friday Saturday Sunday Total Monthly Hours X \$ (rate per hour) = \$ Id Care Provider Signature Date Signed

DVR-13178 (R. 04/2003)